BY ORDER OF THE COMMANDER
HILL AIR FORCE BASE (AFMC)

HILL AFB INSTRUCTION 48-101

19 SEPTEMBER 1998

Aerospace Medicine

PREVENTING OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPD 48-1, Aerospace Medical Program. This instruction applies to all military and civilian personnel on Hill AFB and the Utah Test and Training Range (UTTR) assigned to the 75th Medical Group (75 MDG), 75th Security Forces Squadron (75 SFS), 75th Civil Engineer Squadron (75 CES), Mortuary (75 SPTG/SVMM), Office of Special Investigations (OSI), those personnel required to perform first aid and cardiopulmonary resuscitation (CPR), and those individuals who in the course of performing their work may be exposed to blood and body fluids.

This publication requires the collection and/or maintenance of information protected by the Privacy Act of 1974. The authorities to collect and/or maintain the records prescribed in this instruction are 5 U.S.C.552a and/or Executive Order.

SUMMARY OF REVISIONS

Updates organizational symbols. Mortuary Affairs personnel are included as being at risk of exposure to blood and body fluids. Adds reference of HQ USAF/SG Policy Memorandum. Changes name of Emergency Medicine Services to Urgent Care Clinic. Includes the use of the emergency telephone to contact "night duty" technician. Includes AF Surgeon General directed requirement for civilian medical providers, who have direct patient contact, be vaccinated for Hepatitis B. Adds the requirement for completion of AFMC Form 12, Record of Illness/Injury and Treatment. A (|) indicates revision from previous edition.

1. REFERENCES:

1.1. 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens; effective 6 March 1992, Occupational Safety and Health Administration (OSHA).

1.2. Guidelines for Prevention of Transmission of HIV and HBV to Health Care and Public Safety Workers; PHS, Centers for Disease Control, MMWR, Vol. 38, No. S-6, 23 June 1989.

1.3. PHS, Centers for Disease Control, MMWR, Vol 37, No 24, pp 377-88, 24 June 1988; Update: Universal Precautions for Prevention of Transmission of HIV, HBV, and Other Bloodborne Pathogens in Health Care Settings.

1.4. HQ USAF/SG Policy Memorandum, 15 Jan 97, Hepatitis B Immunization Policy for Air Force Medical and Dental Personnel.

2. DEFINITIONS:

2.1. "Personnel at Risk." Individuals who in the course of performing their work may be exposed to blood and body fluids while performing their duties. This is to include initial response personnel to injured people (i.e., auto accidents, fights, explosions, etc.).

2.2. "Blood." Human blood, human blood components, and products from human blood.

2.3. "Contaminated." The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

2.4. "Regulated Waste:"

2.4.1. Liquid or semi-liquid blood or other potentially infectious materials.

2.4.2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.

2.4.3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.

2.4.4. Contaminated sharps.

2.4.5. Pathological and microbiological wastes containing blood or other potentially infectious materials.

2.5. "Other Potentially Infectious Materials (OPIM)." Include semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, synovial fluid, and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate

3. RESPONSIBILITIES:

3.1. Commanders of Persons At Risk:

3.1.1. Ensure all military and civilian employees at risk for occupational exposure to blood or other potentially infectious materials are adequately protected, receive initial and annual training, and comply with established guidelines and requirements.

3.1.2. Appoint an Organizational Safety and Health Coordinator (OSHC) to oversee workers in the organization to ensure all employees are made aware of their responsibilities and/or rights as outlined by this instruction. This person would act as a point of contact and is responsible for implementation of the program within their squadron.

3.2. OSHC:

3.2.1. Assists supervisors to identify in writing (section exposure control plan), tasks and job classification where occupational exposure to blood and body fluid occurs without regard to personal protective clothing and equipment.

3.2.2. Implements provisions of this instruction, reviews it annually, or updates whenever necessary to reflect new or modified tasks and procedures when they affect occupational exposure.

3.2.3. Evaluates exposure incidents/trends and recommends corrective actions.

3.2.4. Serves as the point of contact for the administration of exposure control plan.

3.2.5. Coordinates with Public Health Flight (75 AMDS/SGPM) and determines the Hepatitis B vaccination/immunity requirement of each new person within 10 days of assignment. Refers applicable non-immune workers for vaccination. Administer and maintain the Hepatitis B vaccination consent/declination statement (Attachment 1). The statement is required for all civilian employees and voluntary for those active duty personnel offered Hepatitis B and choose not to receive the immunization.

3.2.6. Maintains a list of personnel who have received and/or declined Hepatitis B vaccination.

3.2.7. Refers exposed workers (and, if possible, the source person of the body fluid) within the same shift after the exposure incident to:

3.2.7.1. Urgent Care Clinic (75 MDOS/SGOPE) if active duty (all personnel after normal operating hours). After normal clinic hours, the person should use the emergency telephone outside the door to contact the “night duty” technician.

3.2.7.2. Occupational Medicine (75 AMDS/SGPFO) if civilian during normal operating hours.

3.2.7.3. At this time the worker and incident is assessed for risk of disease transmission and appropriate medical care is provided.

3.2.8. Educates and/or ensures all personnel at risk are trained in accordance with paragraph 6.2. Ensures initial training of employees within 10 calendar days of first reporting for duty.

3.2.9. Ensures the work center maintains a copy of this instruction.

3.2.10. Ensures adequate Personal Protective Equipment (PPE) is readily available for workers.

3.3. Personnel Who Are At Risk:

3.3.1. Report to the OSHC for education and initial Hepatitis B vaccination/immunity status assessment within 10-days of reporting for duty. Non-immune civilians must sign a declination statement if Hepatitis B vaccination is declined.

3.3.2. Report exposures promptly to their supervisor and seek postexposure treatment and evaluation. Encourages the source of the body fluid to accompany the employee for evaluation at 75 MDOS/SGOPE.

4. ENGINEERING AND WORK PRACTICE CONTROLS:

4.1. Precautions. Universal precautions are used to minimize employee contact with blood and other infectious materials. All sources of human blood or body fluid are considered to be potentially

infected or contaminated with a bloodborne pathogen and therefore are treated as potentially infectious.

4.2. PPE: As a minimum, first responders to any situation where there is a potential for exposure must have readily available nonporous gloves, eye protection (glasses, mask, face shield, etc.), and pocket masks. PPE is provided at no cost to the worker. All non-disposable PPE will be cleaned, laundered, and/or replaced by the facility at no cost to the worker. The wear of PPE is mandatory in all instances when exposure to blood or body fluids can be reasonably anticipated. Employees will remove PPE before they leave the work area.

4.2.1. Heavy duty, industrial grade, utility gloves are worn when any activity such as handling trash, decontamination of instruments, or environmental cleaning is performed. Utility gloves are washed when minimal soiling occurs. Utility gloves are changed when heavily soiled or when the integrity of the barrier has been compromised.

4.2.2. After removing gloves, employees will wash their hands with an anti-microbial soap, as soon as possible.

4.2.3. Protective masks and eyewear are worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. If goggles are shared within a workcenter, they are disinfected between users.

4.2.4. All PPE is removed prior to leaving the work area. When PPE is removed, it is placed in a designated area or container for storage, washing, decontamination, or disposal as stated in paragraph 4.4.

4.2.5. A written schedule for routine inspection of PPE must be established. At a minimum, annual inspection is accomplished.

4.3. Written Work Practices. Specific tasks or procedures which are associated with exposure to blood and body fluids must be identified and employees trained on the precautions to avoid exposures. The tasks during which PPE must be worn and the type of PPE required must be listed in detail in a section exposure control plan. Specifically a training outline covering PPE locations, why used, when used, and the proper use.

4.4. Regulated Wastes:

4.4.1. Sharps must not be recapped, bent, removed, sheared, or purposely separated by hand.

4.4.2. All used sharps containers are located as close to the point of use as is logistically possible. These containers must be puncture resistant, labeled with a biohazard label or color coded, and be leak proof. Sharps containers are emptied when 3/4 full. NOTE: The location of sharps containers must be stated in exposure control plans.

4.4.3. All other regulated wastes must be double bagged in a red biohazard waste plastic bag. This is then disposed of with the hospital's regulated waste. Organizations should contact Facility Management (75 MDSS/SGSLF) to coordinate disposal of regulated waste.

4.4.4. Regulated waste that is retained as evidence by OSI or 75 SFS must be stored in a way that it will not pose a risk to workers or contaminate the storage area.

4.4.5. For items that can only be disinfected by means of autoclaving/gas sterilizing, squadrons clean and disinfect items as much as possible then bring items properly bagged to the 75 MDG for autoclaving/gas sterilizing.

4.5. Handwashing. Hands must be washed immediately after removal of protective gloves. Skin/ wounds/mucous membranes are promptly washed/flushed with water as soon as possible after any direct contact or exposure to blood or other potentially contaminated material.

4.6. Laundry:

4.6.1. Laundry that has been contaminated with blood or other potentially infectious materials is handled as little as possible. It is not to be sorted or rinsed in the location of use. Place the contaminated laundry into a double, red biohazard plastic bag and seal at the location where it was removed.

4.6.2. Spray/soak contaminated areas on laundry with a disinfectant agent (approved by 75 MDG) and then launder.

4.6.3. All workers handling contaminated laundry must wear gloves and gowns.

4.6.4. Squadrons may bring properly bagged contaminated laundry that can't be adequately disinfected to the 75 MDG for laundering. Contaminated linen, gowns, or blankets may be exchanged for cleans ones on a one-for-one basis if available.

4.7. Contaminated Areas. Cleaning of floors, walls, rooms, etc., which are contaminated with blood or other potentially infectious materials as the result of an accident, suicide, or other incident is the responsibility of the "owning" organization (i.e., building custodian, first sergeant, housing office, etc.). 75 AMDS/SGPM can provide guidance to responsible personnel on personal protective measures/equipment needed and acceptable cleaning methods.

5. HEPATITIS B VACCINATIONS: Those employees identified (as in paragraph 2.1.) by the OSHC are at risk of exposure. These employees, unless they have documentation of immunity or documentation of having previously completed the vaccination series, are offered the Hepatitis B vaccine within 10 days of assignment or hire to the facility.

5.1. Mandatory. The vaccine may be mandatory for applicable non-immune active duty military members if determined by the OSHC and is highly recommended, but voluntary, for other Department of Defense (DoD) civilians. It is a mandatory condition of employment for Medical Treatment Facility civilian health care providers who have direct patient contact.

5.2. Recommended. Civilians and military for whom the vaccine is recommended but not mandatory, who decline the immunization must sign a vaccination declination statement. An employee may reconsider vaccination at any time and receive the immunization.

5.3. First Aid: Under 29 CFR 1910.1030, Bloodborne Pathogens Standard, Hepatitis B vaccination must be offered to all employees who have occupational exposure to blood or other potentially infectious materials. However, OSHA has determined that as a matter of policy, violations will be considered de minimis and citations will not be issued when designated first aid providers who have occupational exposure are not offered pre-exposure Hepatitis B vaccine if the following conditions exist:

5.3.1. The primary job assignment of such designated first aid providers is not the rendering of first aid.

5.3.1.1. Any first aid provided by such persons is rendered as directed by regulation to give first aid when responding to personnel injuries resulting from workplace incidents, generally at the location where the incident occurred.

5.3.1.2. This provision does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where employees routinely go for such assistance, nor does it apply to any health care, emergency, or public safety personnel who are expected to render first aid in the course of their work.

5.3.2. Hepatitis B vaccine will be offered to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials (regardless of whether an actual "exposure incident" as defined in paragraph 2.6 occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-up for those employees who experience "exposure incident," including:

5.3.2.1. A reporting procedure is established that ensures all first aid incidents involving the presence of blood or other potentially infectious materials will be reported to the supervisor, OSHC, and 75 AMDS/SGPM.

5.3.2.1.1. The report must include the names of all first aid providers who rendered assistance, regardless of whether PPE was used and must describe the first aid incident, including time and date.

5.3.2.1.2. The description must include a determination of whether or not the presence of blood or other potentially infectious materials were present during the "exposure incident".

5.3.2.1.3. The determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis, and follow-up procedures are taken.

5.3.2.1.4. The report is prepared by the organizational safety and health coordinator and the incident is recorded on a list of such first aid incidents. This list must be readily available to all employees and is provided to authorized personnel upon request.

5.3.2.1.5. The OHSC will also ensure that the AFMC Form 12 is completed and a copy sent to Safety Office (OO-ALC/SE). AFMC Form 12 is initiated by the medical provider but must be signed by the supervisor. For civilian employees, a copy should also be sent to Civilian Personnel Office (OO-ALC/DPC).

5.3.2.2. The OSHC ensures the bloodborne pathogens training program for designated first aid responders is conducted and includes the specifics of this reporting procedure.

5.3.2.3. The full Hepatitis B vaccination series must be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any incident involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident" has occurred.

6. TRAINING/HAZARD COMMUNICATION:

6.1. Initial and Annual. The OSHC ensures initial and annual education and training of all workers is accomplished. Technical assistance may be obtained from 75 AMDS/SGPM.

6.2. New Workers. Education is provided to all new workers by the workplace supervisor within 10-days of the start of work during in-processing and annually thereafter. These educational encounters must include:

6.2.1. The policies of the OSHA standard for bloodborne pathogens and this instruction.

6.2.2. Epidemiology, modes of transmission, and symptoms of HIV and HBV infection.

6.2.3. The use and limitations of methods that will prevent or reduce exposure, including engineering controls, work practices, and PPE.

6.2.4. Hepatitis B vaccination policy and procedures.

6.2.5. Biohazard signs and labels used at the facility.

6.2.6. Post-exposure reporting, evaluation, and follow-up procedures.

6.2.7. Universal Precautions.

6.2.8. Work section specific procedures that could result in exposures and appropriate PPE.

6.2.9. Work section specific engineering and work practice controls.

6.2.10. Policies and procedures for the use and maintenance of PPE in the work section. If single use PPE is provided, it will be appropriately discarded after use.

7. RECORDKEEPING:

7.1. Training Documented. Training is documented on AF Form 55, Employee Safety and Health Record, or computerized training records and will include the following items:

7.1.1. Date of training.

7.1.2. Name of instructor.

7.1.3. Name and job title of attendees.

7.1.4. Training outline title.

7.2. Training Folders. A copy of the training outline used must be kept in the section's training folder. Training is documented by the OSHC and maintained in the workcenter for at least three years from the date the training was given.

7.3. Availability of Records: Workers may obtain copies of their medical and training records by requesting them through their supervisor. Employee representatives may gain access to employee medical records, upon written consent from each employee whose record is sought.

LOUIS ELDREDGE, Lt Col, USAF
Commander

Attachment 1

SAMPLE - CONSENT/DECLINATION FOR HEPATITIS B IMMUNIZATION

DEPARTMENT OF THE AIR FORCE

75th MEDICAL GROUP (AFMC)

HILL AIR FORCE BASE, UTAH

CONSENT/DECLINATION FOR HEPATITIS B IMMUNIZATION

TO:

The United States Air Force Surgeon General has directed that all civilian employees working in Air Force Medical facilities, and those who are at risk of exposure to bloodborne disease be offered Hepatitis B immunizations. This letter is to formally invite you to voluntarily take this beneficial vaccine. We are contacting all persons at risk to document their immunization status and to indicate their desire to receive the immunization series.

1. The Hepatitis B vaccine is a noninfectious activated viral vaccine which provides protection against acute Hepatitis B, asymptomatic infection and chronic carrier state. The regimen for administration consists of three (3) doses of vaccine given intramuscularly: first dose - at elected date; second dose - one (1) month later; third dose - six (6) months after the first dose. Hepatitis B vaccine provides protective antibody levels in over 90 % of healthy vaccinated adults. Hepatitis B vaccine will not prevent Hepatitis caused by other agents, such as Hepatitis A virus, Non-A Non-B Hepatitis viruses, or other viruses known to infect the liver.

2. SIDE EFFECTS OF THE VACCINE: No serious adverse effects attributed to the vaccination have been reported during the course of clinical trials. Reactions such as pain and swelling of injection site and low grade fever have been seen. Systemic complaints including malaise, fatigue, headache, nausea, dizziness, muscle and joint pain are infrequent.

3. If you decide to receive the vaccine, report to Public Health, Preventive Medicine, Section, Bldg 570, during normal duty hours (7:30 am - 4:30 pm). Please remember the immunization consists of a series of three injections and once started should be completed. Injections are given on day one, one (1) month later, and six (6) months later.

4. Please complete the endorsement below and return to Public Health Flight (75 AMDS/SGPM). Your decision to accept or decline this immunization will become a part of your personnel record. I strongly encourage you to take advantage of this important employee health benefit.

I John J. Doe accept the offer of voluntary immunization against Hepatitis B and will report to Public Health to begin the series.

I John J. Doe am immune to Hepatitis B from either a previous immunization or previous natural infection and decline the Hepatitis B vaccination offer.

I John J. Doe understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at-risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at-risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood and other potentially infectious materials while employed by the Department of Defense and I want to be vaccinated with Hepatitis vaccine, I can receive the vaccination series at no charge to myself.

SIGNATURE:_____ (PRINT NAME) LAST, FIRST, MI Doe, John J.

SSN: 123-45-6789 DATE :

DUTY LOCATION: Hill AFB

FOR OFFICIAL USE ONLY (AFI 37-132)

To Be Filed in Medical Records